



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

APPLICATION FOR A ZONING APPROPRIATENESS PERMIT

**For an Accessory Food Preparation Area
in a Single-Family Detached Dwelling or Single-Family Attached Dwelling**

Submittal of this form with **original signatures is required.** *PLEASE PRINT OR TYPE (Unless otherwise indicated.)*

Property Address: _____

Location of the accessory food
preparation area on the property
(basement, garage, recreation room,
etc.): _____

Purpose of the accessory food
preparation area:

- ☐ use and enjoyment by all occupants of the house
☐ special purpose (catering, classes, demonstrations)

Features that are, or intended to be,
included in the accessory food
preparation area (check all that
apply):

- ☐ Sink ☐ Garbage disposal ☐ Refrigerator of any kind
☐ Cooking appliance or food heating unit that is permanently installed
with a dedicated circuit
☐ Portable cooking or food heating unit
☐ Trash compactor ☐ Dishwasher ☐ Other

Are any site alterations or any
alterations to the building's exterior
or interior planned or underway in
connection with this use (or were any
alterations done)?

- ☐ No ☐ Yes Please describe:

The undersigned hereby applies for a Zoning Appropriateness Permit under the provisions of § 78-202.10 of the Herndon Town Code.

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*
- *No unauthorized second dwelling on the property exists or will exist and the accessory food preparation area will not be used to establish such unauthorized dwelling.*

I understand that establishing an unauthorized second dwelling on the property is a violation of the Town of Herndon Zoning Ordinance.

Signature of Property Owner

Date

Zoning Appropriateness Permit Application for an Accessory Food Preparation Area - Continued

Name of Property Owner
(Applicant): _____Address of Property Owner, if
different than property address: __________
E-mail address_____
Telephone #_____
FAX #Name of Tenant, if different than
property owner: __________
E-mail address_____
Telephone #_____
FAX #

Zoning Administrator Signature and Authorization of Permit

Date**Comments:**

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent	
Name of subdivision where dwelling is located:	
<input type="checkbox"/> Involves Accessory Dwelling Unit (needs SE application) <input type="checkbox"/> Accessory Food Preparation Area Only (verify) <input type="checkbox"/> Residential (verify) <input type="checkbox"/> Home-Based Business (needs HBB application) <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental	

**Distribution
after
approval:**

Applicant

Community
DevelopmentFire
DepartmentFinance
